

HISTORY FACILITY PROFILE

RED CLIFFS REGIONAL REHAB & CONV CNTR PROVIDER #: 465137 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 1745 EAST 280 NORTH PHONE NUMBER: (435) 628-7770 TOTAL: 124
 ST GEORGE UT 84770 PARTICIPATION DATE: 12/22/1993 CERTIFIED: 124 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/18/2001		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 124	
-----		-----		-----	
TOTAL:	73	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	16	SUSPENSION RESCINDED:	--	--	-----
MEDICAID:	43			124	
OTHER:	14				

CURRENT SURVEY REVISIT DATES - 11/29/2001

PRIOR 3 SURVEY 05/1998	S/S CODE	PRIOR 2 SURVEY 05/1999	S/S CODE	PRIOR 1 SURVEY 07/2000	S/S CODE	CURRENT SURVEY 10/18/2001	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	D			X	D	X C	E	11/09/2001	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE REQ F0240-FACILITY PROMOTES/ENHANCES QUALITY OF LIFE REQ F0241-DIGNITY REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS REQ F0250-MEDICALLY RELATED SOCIAL SERVICES REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES REQ F0322-PROPER CARE & SERVICES FOR RES W/ NG TUBE REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE REQ F0353-SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC. REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT REQ F0428-RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG REQ F0444-WASH HANDS WHEN INDICATED
		X	D						
		X	E						
		X	E	X	D				
X	G			X	E	X C	E	11/09/2001	
X	D								
X	D	X	D						
		X	D	X	G				
		X	D						
X	D								
X	G								
		X	E						
		X	E						
X	B	X	E						
X	D								
X	E								
X	F					X C	E	11/09/2001	
		X	E						

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY 05/1998	85 NEW PRIOR 2 SURVEY 05/1999	85 NEW PRIOR 1 SURVEY 06/2000	85 NEW CURRENT SURVEY 10/17/2001	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X	X			K0018-CORRIDOR DOORS K0025-SMOKE PARTITION CONSTRUCTION K0044-HORIZONTAL EXIT K0050-FIRE DRILLS K0051-FIRE ALARM SYSTEM K0054-SMOKE DETECTOR MAINTENANCE K0062-SPRINKLER SYSTEM MAINTENANCE K0076-MEDICAL GAS SYSTEM K0130-OTHER
X			X C	11/05/2001	
			X C	12/01/2001	
			X P	12/16/2001	
		X			
	X				
	X				
	X		X C	11/22/2001	

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	3	4	11	10
HEALTH TOTAL	3	4	11	10
LIFE SAFETY CODE	4	2	4	1
LIFE SAFETY CODE + HEALTH	7	6	15	11

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
07/09/2001	SUBSTANTIATED
10/18/2001	SUBSTANTIATED
02/13/2002	UNSUBSTANTIATED
08/28/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT